

740-X

42A740-X  
(12-97)Commonwealth of Kentucky  
REVENUE CABINETAMENDED KENTUCKY INDIVIDUAL INCOME TAX RETURN  
FOR TAX YEARS 1994, 1995, 1996, 1997

199\_

☐ For calendar year *or*☐ For fiscal year beginning \_\_\_\_\_, 199\_\_\_\_, and ending \_\_\_\_\_, 199\_\_\_\_

Filing Status: Check only one block.

- |    | Original                 | Amended                  |  |
|----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Single   |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Married, filing separately on this combined return   |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Married, filing joint return   |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Married, filing separate returns. Enter spouse's name and Social Security number as it appears on separate return. |

Last Name

First Name (Joint or combined return, give both names and initials.)

Mailing  
Address

Number and Street or P.O. Box

Apt. No.

City, Town or Post Office

State

ZIP Code

Your Social Security No.

Spouse's Social Security No.

Occu-  
pation

Yours

Spouse's

List Cabinet's validating numbers stamped on cancelled checks for payments claimed on line 12.

## INCOME AND DEDUCTIONS

I—As Originally  
Reported or AdjustedII—Net Change *Increase*  
*or Decrease* (see p. 2)III  
Correct Amount

## 1. KENTUCKY ADJUSTED GROSS INCOME:

Form 740, Form 740-S or Form 740-EZ

Column A. Spouse.....

Column B. Yourself (or Joint) .....

## 2. ITEMIZED DEDUCTIONS/STANDARD DEDUCTION

Column A. Spouse .....

Column B. Yourself (or Joint) .....

## 3. TAXABLE INCOME

Column A. Spouse .....

Column B. Yourself (or Joint) .....

## TAX LIABILITY

4. Enter tax from Tax Table, Tax Computation or Schedule TC .....

5. Low Income Credit .....

6. Child and Dependent Care Credit .....

If amount is entered on line 6, enter number of dependent  
children under age 13 .....

7. Income Tax Liability. Subtract lines 5 and 6 from line 4.

(If zero or less, enter -0-) .....

8. Kentucky Use Tax .....

9. Total Tax Liability. Add lines 7 and 8 .....

## PAYMENTS AND CREDITS

10. Kentucky Income Tax Withheld .....

11. Kentucky Estimated Tax Payments .....

12. Amount paid with original return, plus additional payments made after it was filed (list checks above) .....

13. Total of lines 10 through 12, Column III .....

## REFUND OR AMOUNT DUE

14. Overpayment, if any, shown on original return, Form 740, Form 740-S or Form 740-EZ .....

15. Subtract line 14 from line 13 and enter result .....

16. If line 9, Column III, is more than line 15, enter amount due .....

17. Compute interest on the amount on line 16 from the due date until the date paid. Use the annual rates  
applicable to the periods during which the tax was not paid: 9 percent during calendar 1998;  
8 percent during calendar 1997; 9 percent during calendar 1996; 8 percent during calendar 1995 .....18. Add lines 16 and 17. **Pay in full with this return** .....

19. If line 9, Column III, is less than line 15, enter refund to be received .....

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and, to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of appropriate income tax regulations will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

Your Signature (If a joint or combined return, both must sign.)

Spouse's Signature



Telephone Number (daytime)

Date Signed

Typed or Printed Name of Preparer Other than Taxpayer

Social Security or Firm I.D. Number of Preparer

Date

N F

**PART I—TAX CREDITS** (Lines 1 through 7 must be completed for any increase or decrease in the number of tax credits claimed on original return.)

1. Number of tax credits claimed on original return .....	➤					
2. Number of tax credits claimed on this return .....	➤					
3. Difference .....	➤					
<b>4. Additional Credits for Yourself and Spouse</b> <i>(Check only those boxes not checked on original return.)</i>						
<div style="display: flex; align-items: center; justify-content: center;"> <div style="font-size: 2em; margin-right: 5px;">{</div> <div style="text-align: left;">           Yourself .....            Spouse .....         </div> </div>	<b>Regular</b> <input type="checkbox"/>	<b>If 65 or Over</b> <b>Check Two</b> <input type="checkbox"/> <input type="checkbox"/>	<b>If Blind</b> <b>Check Two</b> <input type="checkbox"/> <input type="checkbox"/>	<div style="font-size: 2em; margin-right: 5px;">}</div>	Enter number of boxes checked	➤
5. Enter first names of your dependent children who lived with you, but were not claimed on original return.						➤
						Enter number
6. Other dependents not claimed on original return						➤
(a) Name	(b) Relationship	(c) Months lived in your home.	(d) Did you provide more than one-half of dependent's support?	Enter number of other dependents listed		

7. Tax credits claimed on this return by: (a) Spouse \_\_\_\_\_ ; (b) Yourself (or Joint) \_\_\_\_\_ .

**PART II— EXPLANATION OF CHANGES** to Income, Deductions, Tax and Credits (from page 1, Column II). Show computations in detail. Attach applicable Kentucky and/or federal schedules.